COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES FRIDAY, NOVEMBER 17, 2000 9:00 AM

MEETING LOCATION: NMHI

CONFERENCE PHONE MEETING ACCESS AVAILABLE THROUGH: SNAMHS

MINUTES

PRESENT: Eric C. Albers, Ph.D.

Frances Brown, MSN, MSEd, RN

David Ward Rena Nora, M.D. Elizabeth Richitt, Ph.D.

ABSENT: Marcheta Scott

Joseph Toth, M.D. John Brailsford, Ph.D.

STAFF Carlos Brandenburg, Ph.D., MHDS PRESENT: Debbie Hosselkus, LSW, MHDS

Dave Luke, Ph.D., SRC

Mike Torvinen, ASO IV, MHDS Jim Northrop, Ph.D., SNAMHS

Larry Buel, Ph.D., RC

Marcia Bennett, Ph.D., RRC Harold Cook, Ph.D., NMHI

Robin Williams, SRC Laura Valentine, MHDS Chris Lovass-Nagy, MHDS

Cindy Pyzel, Attorney General's Office

Chelsea Szklany, SNAMHS

ALSO

PRESENT: Misty Allen, Crises Call Center

Steve Shaw, Administrator, DCFS

Christa Peterson, DCFS
Theresa Anderson, DCFS
Patty Merrifield, DCFS
Les Gruner, DCFS
Lynne Bigley, NDALC
Jack Mayes, NDALC
Alicia Smalley, NASW
Joe Hack, DCFS

Michael Doyle, Mental Health Planning and Advisory Council

Paula Berkley, EduCare

Jeff Engelke, Southern Nevada Advisory Board

Mike Howie, Mojave Mental Health

Lisa Brown, AGs Office

Cathy Koscica, Opportunity Village

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CALL TO ORDER

Due to telephone connection problems, the meeting was convened at 9:30 AM.

APPROVAL OF MINUTES

MOTION:

Mr. David Ward made a motion to approve the 9/15/2000 minutes. Dr. Eric Albers seconded the motion, the motion carried.

RESIGNATION OF COMMISSION MEMBER

Ms. Debbie Hosselkus reported a vacancy on the Commission due to the resignation of Marcheta Scott. She stated a consumer or a family member of a consumer of mental health could be elected.

Dr. Carlos Brandenburg asked the Commission how they would like to proceed. We suggested that the Division of Mental Health and Developmental Services could canvass the consumer and advocacy networks in the state requesting names for submission to the Commission for consideration. He stated he would take the lead in seeking nominations and arrange for a presentation at the next meeting.

Ms. Cindy Pyzel reviewed the NRS statute regarding the commission vacancy.

Mr. David Ward suggested that the consumer or family member be active in one or more consumer organizations within the state. He also asked Dr. Brandenburg to narrow the field to three to five nominees.

INTRODUCTION OF NEW COMMISSION MEMBERS: RENA NORA, M.D. AND ELIZABETH RICHITT, PH.D.

Dr. Brandenburg expressed his pleasure in introducing the two new representatives on the Commission. He stated the Governor's position was that commissions and advisory boards were more active when members served no more than ten years. He recognized Dr. Marv Glovinsky's generous commitment to the Commission for so many years. Dr. Brandenburg then introduced Dr. Elizabeth Richitt, representing psychologists and Dr. Rena Nora, representing psychiatrists.

Drs. Richitt and Nora summarized their backgrounds and credentials.

Mr. Ward welcomed the new members, and expressed his pleasure at having two such qualified participants join the Commission.

NOMINATIONS FOR NEW CHAIRPERSON FOR COMMISSION ON MHDS

Ms. Pyzel reminded the Commission that the Governor appoints the chairperson of the Commission. She asked that the Commissioners vote for a chairperson, and that Dr. Brandenburg would then submit their recommendation to the Governor. Mr. Ward related that the most important issue in choosing a chairperson was the willingness to attend the vast majority of the meetings. As there were two new Commissioners, each nominee gave a brief synopsis of their backgrounds. Frances Brown was nominated for chairperson with David Ward as vice chair.

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CORRESPONDENCE/INFORMATION

Dr. Brandenburg referred the Commissioners to their packets to review the farewell letter from Dr. Glovinsky stating his term on the Commission had come to an end.

Dr. Brandenburg reviewed the new Legal 2000 form, reporting it had been finalized and mailed to various legal authorities, courts, law enforcement officials, hospitals and emergency rooms throughout Nevada.

He also discussed the proposal by advocates and consumers in the disability community to create a Department of Disability and Independent Living.

Dr. Albers asked several questions: Would the proposal create a new division? Who is currently serving the disabled and aged population regarding mental health? Which divisions are operating under the auspices of mental health? What is the stance of the Division of Mental Health and Developmental Services? With the Governor's freeze on extra funds, would the funding come from the Division and DCFS?

Dr. Brandenburg reported that Charlotte Crawford would be presenting a counterproposal to the disability community and that she would share the proposal with the Commission

ACTION: Dr. Albers asked Dr. Brandenburg to invite Charlotte Crawford to the next meeting.

Dr. Brandenburg circulated materials regarding The People's Summit to end the Criminalization of the Seriously Mentally III, inviting all to attend.

UPDATED STATUTORY DUTIES AND PREROGATIVES OF COMMISSION ON MHDS

Ms. Pyzel reviewed the updated statutory duties for the Commissioners.

Ms. Fran Brown thanked Ms. Pyzel for her efforts, stating it was much easier to read than the statutes.

Ms. Pyzel announced that Lisa Brown won the election for Judge, and that this was her last Commission meeting.

THE COMMISSION'S ROLE WITH DCFS

Ms. Pyzel expressed her concern regarding the unfortunate miscommunication about the Commission's role with DCFS. She stated that the statutes were very clear that children's mental health was within the purview of the Commission.

Dr. Albers commented that historically the Commission had not dealt with child mental health issues. He stressed the importance of dealing with all mental health issues in an effort to keep children out of the prison system.

NASMHPD POLICY ANALYSIS AND TECHNICAL ASSITANCE PROGRAM

Dr. Brandenburg referred the Commissioner's to the correspondence regarding NASMHPD's Policy Analysis and Technical Assistance Project.

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DEPARATMENT OF HUMAN RESOURCES 2001 BIENNIAL REPORT

Dr. Brandenburg reviewed the accomplishments of Division for the past fiscal year and biennium. DCFS PRESENTATION: CHILD AND ADOLESCENT MENTAL HEALTH SERVICES/STATUS REPORT BY DCFS

Mr. Steve Shaw, Administrator for the Division of Child and Family Services, introduced his staff. He welcomed the new members of the Commission and apologized for not giving the Commission the attention it deserved. He stated he would recommit himself to the Commission and would have someone attend each and every meeting. Mr. Shaw began a very detailed presentation outlining the Division of Child and Family Services' Mission Statement, Program Overview, Organizational Chart, FTEs, Budget (including breakdown of budgets by region). His staff then elaborated according to their expertise and region.

Discussion included:

- 1. The overlap of children with emotional disorders across systems;
- 2. The Surgeon General's report mandating systems approach working in an organized and collaborative effort;
- 3. DCFS received national recognition for the Children's Research Bureau due to its successes and collaborative efforts (this project is being used for children entering the foster care system and youth justice parole). Many delinquent youth also have mental health issues;
- 4. The push to integrate services regionally and plans to deliver services in five neighbor sites in the South (many community agencies and school districts are also corroborating). This is the only state delivery system in the community, which is housed in the community. You can't tell it's a state facility. It is a powerful mechanism to integrate with family resource centers, receiving more parent feedback, which is both supportive and challenging.
- 5. SAMSHA in 1998 let RFP for grant project (\$6.5 Million for five years) to implement systems of care and integrate all systems that are involved with education, mental health, child welfare and juvenile justice. It fit DCFS' vision and goals, providing extra resources to get there. New legislation from SAMSHA authorizes a 6th year, funded thru 8/31/04, enabling mental health services for children on the reservation in Moapa Valley.

Dr. Albers inquired about the Desert Willow staff shortage issue brought up at the last meeting. Mr. Shaw explained the acuity understaffed rating by JCAHO, and that they have decreased census for safety. He stated that after the Interim Finance Committee meeting, he hoped to raise staffing numbers. He also invited the Commission to tour Desert willows or to have their meeting there. Dr. Albers stated he had received a call from the school of medicine stating there was a 16-week waiting period to get into Desert Willows as related to an issue regarding Medicaid providers. He asked whether or not the long-term waiting list could be alleviated by giving more up front services.

Dr. Peterson stated there would always be waiting lists. It is difficult to keep up with the need for child mental health services. Every family who calls is triaged so there is not a set waiting time, it is based on the individual child's needs. If they cannot get in and they have Medicaid, they are referred to another facility. Higher priority cases with no other resources come in first. Dr. Albers related that the particular person could not get help anywhere and that Medicaid recipients are hard to get treatment for. Dr. Peterson stated they have been steadily increasing the capacity for Medicaid recipients and are partnering with other Medicaid providers. Mr. Shaw stated that since contracting with Mojave and since their production has gone up, they can hire as necessary as they are not a state agency. As Mojave increases their capacity, DCFS waiting list decreases.

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Dr. Albers asked Mr. Shaw if there was an overall statewide plan for the mental health of Nevadans as a whole. Who is pulling it all together for the state? If no one, he suggested the Commission could try to help assist with that. He stated that one family could have five treatment plans and asked who coordinated which plan the family should follow.

Dr. Brandenburg stated that as Director of Human Resources, Charlotte Crawford is in a position to take a look at mental health as a whole. He stated that Steve Shaw and Carla Sloan, Administrator for Aging Services report to Charlotte. Charlotte has a system wide plan in that she oversees what we all do and facilitates that. Dr. Brandenburg reported that DCFS and MHDS do a lot of cooperative things. We also Integrate with Health regarding HIV and senior mental health with Aging. He stated that weekly meeting occur with all divisions to coordinate monies and staff.

Dr. Albers stated the severity of cases seem to be increasing and wondered if that was putting a lot of pressure on clinicians? Dr. Peterson stated that with limited resources, DCFS is looking at serving the high-risk population. She stated they recognized our children's mental health services cannot serve them without partnering with other private and public agencies.

Dr. Nora stated that the national trend indicates that youth violence and suicide have quadrupled. Dr. Albers felt that many of those in prisons are those that did not get the mental health care they needed. He further stated that he appreciated Mr. Shaw and his staff and wanted to continue the open dialog. Mr. Ward also thanked Mr. Shaw for the presentation. Dr. Richitt stated she had worked in past with Dr. Peterson and Ms. Theresa Anderson and was amazed at what is going on in DCFS today. Mr. Shaw stated he had a staff that was willing to do whatever needed doing.

Dr. Albers reminded Mr. Shaw that the Commission wants to be an advocate for mental health services. He stated that as DCFS moves forward legislatively, to please use the Commission as advocates for you.

ACTION: Steve Shaw was asked to present the transition from juvenile to adult mental health services.

MHDS POLICY #2.014 - LABOR OF PERSONS RECEIVING SERVICES

Ms. Hosselkus discussed the policy asking the Commission to approve it. Ms. Pyzel stated that the policy conformed to the statutes.

MOTION: Mr. Ward made a motion to approve the policy. Dr. Richitt seconded, motion carried.

RURAL CONTINUUM OF CARE

Ms. Laura Valentine reviewed, for the new Commissioners, HUD's efforts to deal with homelessness in a coordinated fashion. She referred the Commissioners to their packet. She also discussed the efforts being coordinated in the rural regions.

Dr. Richitt remarked that rural Nevada must be one of the most difficult areas to serve due to its vastness. She asked whether there were other states with similar issues?

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Ms. Valentine stated there were other states that are somewhat rural and have received examples from HUD, however, none have 96,000 square miles with vast areas between towns. Alaska would be a state that is most similar, however, Alaska does not have a Continuum of Care Program.

Ms. Valentine reported that the Continuum of Care Program does not compete for urban monies. She stated there were 15,000 – 17,000 homeless in the rural areas, with a 40% - 50% population with mental health issues.

PROPOSAL FOR PREVENTATIVE SUICIDES

Dr. Albers introduced Dr. Ole Thienhaus, UNR. Dr. Thienhaus introduced Dr. Herb Hendin, Medical Director, American Foundation for Suicide Prevention from New York, stating there was a possibility of a study in Washoe County regarding suicide prevention. He. Stated that UNR is in the process of putting together a proposal for preventative suicides.

MENTAL HEALTH PLANNING ADVISORY COUNCIL (MHPAC) REPORT AND CMHS BLOCK GRANT UPDATE

Mr. Mike Doyle, MHPAC Vice Chair, representing Alyce Thrash, MHPAC Chair, stated it was the council's intent that he would attend all northern meetings, while Alyce would attend the southern meetings. Mr. Doyle gave his background and credentials to the new Commissioners. He stated they were in the process of filling two vacant council positions and that they may expand the council to 20+ members.

Mr. Ward asked whether or not it was mandated by statute that a Commission member sits on the council for MHPAC. Mr. Doyle stated that Dr. Joseph Toth was assigned, however he was not attending lately. Mr. Pyzel stated she would research it.

ACTION: Dr. Brandenburg will coordinate with Mr. Andrew Zeiser for the Commission.

ACTION: Mr. Zeiser will distribute all schedules to the Commissioners so meetings can be coordinated.

Dr. Albers stated a partnership would work very well and that it was a great opportunity to coordinate. Mr. Doyle reported that they now had a connection with MHDS and hoped to advance participation.

BUDGET UPDATES

Mr. Mike Torvinen related that there were many issues regarding the budget system. Most proposals will be submitted, with the exception of reducing the census at NMHI and redirecting those numbers to the community. He will have a printout for the Commissioners at the next meeting.

TICKET-TO-WORK PRESENTATION

Dr. Lisa Henderson made a presentation to the Commission regarding the Ticket to Work Program. She stated that the State of Nevada applied for and received an infrastructure grant in the amount of ½ million dollars for five years. The grant will enable Nevada to take a look at what systems are in place and what can be done to set up systems to make it a viable program in Nevada.

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Dr. Albers asked how many consumers the hoped to impact. Dr. Henderson reported it was just an infrastructure grant, and were in the process of projecting numbers. She also stated that many of the consumers sit on the committee or are represented.

PERSONAL SERVICE COORDINATORS' CONFERENCE/TASK FORCE RECOMMENDATIONS Ms. Chris Lovass-Nagy, Quality Assurance Specialist reported on the recently held Service Coordinator Conference, stating that the evaluation samples showed great scores and the need for future conferences.

Dr. Albers asked whether or not she had considered making it a Governor's Conference. Ms. Lovass-Nagy stated they did have a representative from the Governor's office as part of the agenda.

Ms. Lovass-Nagy then reviewed the findings of the Task Force, which voted to adopt the NRAP model. Dr. Brandenburg stated MHDS was trying to develop a standardized model for what we want to do as Personal Service Coordinators. He stated MHDS was trying to get the entire Division on the same page, and then look at the issue of licensure. At the present time, MHDS has Social Workers, RNs and Psychologists functioning as Personal Service Coordinators, but the bulk of them are not covered by licensure or standards. That will be pursued as our next step.

PENDING LEGISLATION AFFECTING MHDS

Ms. Pyzel reported no pending legislation other than the elimination of the Sanity Commission (BDR is being internally audited at LCC) and the name change for the Nevada Mental Health Institute to the Northern Nevada Adult Mental Health Services.

PROPOSED DEPARTMENT OF DISABILITY AND INDEPENDENT LIVING

Ms. Pyzel stated that in order for a new division to be developed, it would require many statutory changes. She said it was a huge and involved process. Dr. Brandenburg stated that he was realistically comfortable that a new department would not occur. However, Director of Human Resources, Charlotte Crawford, is proposing changes. He will report on her proposal at the next meeting.

ACTION: In order to keep the commission informed regarding issues pertaining to mental health, Dave Ward, as the Chairman of the Legislative Subcommittee, asked that Dr. Brandenburg contact him directly, followed by emailing BDRs to all the Commissioners on the Legislative Subcommittee.

MHDS TRAINING REPORT

Ms. Robin Williams distributed the training report. Dr. Nora commented that the data available was wonderful and would fulfill JCAHO and core competencies. Dr. Brandenburg thanked Ms. Williams for the great job as Divisionwide Training Coordinator, stating the importance of her hard work in assuring that the agencies were in compliance with policies such as restraint and seclusion, and also abuse and neglect. A monitoring program must be in place to check on training completion. The data collected will be sent to each agency director for follow up. He further stated that MHDS does not have training officers; that those positions are taken on as extra duties by other positions

Ms. Williams stated that they have discussed moving more to the model of competency-based training. However, for now, MHDS is trying to cover the basics.

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CRISIS CALL CENTER SUICIDE HOTLINE REPORT

Ms. Misty Allen referred the Commissioners to the data in their packet. She further discussed the large increase in suicide calls from kids and the Latino population. She felt is was due to awareness and perhaps feeling more comfortable in reaching out. She was distressed to report the number of calls from the senior population was not improving.

Ms. Allen reported on a suicide, which occurred in Battle Mountain. She stated that some of her staff visited Battle Mountain and were surprised to find that the kids were not feeling comfortable with their school counselors. Many did not feel safe. This incident will give the impetus to do more appropriate outreach to help alleviate this type of thing. As there are only six staff members, they do visit Washoe County and Carson City schools, using survivors of attempts to speak. They also put their information into the school newspapers. She also stated she was encouraged by Dr. Hendon's study, which will be conducted in corroboration with UNR and Washoe County.

Dr. Richitt asked how the hotline was advertised in rural areas. Ms. Allen reported that PSAs were run on the radio stations in rural areas, as well as in southern Nevada. She stated it was working, as calls have increased by 1000 on the toll-free lines. She also reported that bilingual flyers were sent out. Elko continues to be a problem and work is being done to reach that population.

Dr. Albers recommended that Ms. Allen contact coalitions and groups in those targeted areas to develop a relationship. He suggested that Ms. Allen spearhead an effort to make the contact.

Dr. Larry Buel will help participate in an outreach program with Ms. Allen. Dr. Albers recommended using strategy for the next grant application. Ms. Pyzel suggested that a push be made to make a mandatory credit necessary in the area. This creates better attendance and awareness would come to pass.

Ms. Hosselkus reported that the hotline was included in the MHDS budget, however we won't know until the first of the year if it will be allocated.

CTC UPDATE

As Ms. Rosemary Melarkey was unavailable, Dr. David Luke gave a brief overview of the CTC program.

STATUS RERPOTS BY AGENCY DIRECTORS

DRC

Mr. Jeff Engelke reported that DRC just completed their exit interview and was recommended for a two-year accreditation. He stated DRC received great scores and was very pleased with the overall results.

SRC

Dr. Dave Luke stated that SRC was not yet accredited, however, they were working with the council to prepare for an accreditation survey. He said the council would be back in December to continue working with them. He stated that SRC received tremendous support from the legislature concerning waiting lists. He distributed a document comparing waiting lists in Nevada with other states.

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Dr. Marcia Bennett distributed a map of RRC's catchments. She reported on numbers being served and was happy to report that in September, five people have community based competitive jobs, with one utilizing the PRIDE program (bus between Carson City and Reno). She stated that RRC was also working with council in preparation of accreditation.

Mr. Ward stated he would very much like to see, for both mental health and developmental services, from a rural standpoint, a map of the State of Nevada indicating what kinds of services are being offered in what communities. Such a map would give the Commission a much better sense of what is being done, while still giving an overview of the state.

ACTION: Drs. Buel and Bennett will present the map at the next Commission meeting.

SNAMHS

Dr. Jim Northrop reported on program issues and the hospital census. The census is holding steady, allowing for training and housekeeping. The case management waiting list has grown to several months now. We continue to do hospital discharges without interruption. Folks in the community needing additional services have to wait. Medicaid clients are being moved to Mojave, and as a result, we anticipate the demands will decrease for both inpatient and outpatient services. He reported that SNAMHS does collect for Medicaid, Medicare, and private insurance. However, they have a limited number of positions authorized by legislature, which is preset for two years. Those on waiting list are low risk at this time. SNAMHS is referring to Mojave because Mojave can do what we cannot. They do not have to be subjected to same rules as we do in having to go to the legislature. It will allow us to serve those individuals who do not have Medicaid. We are attempting to work on budgets that were planned two-three years ago. The mental health population is booming in the South, and we must look harder at using what we have. The proposed budgets are looking at growth in residential support and should achieve that. The pharmacy budget is exactly where it should be. Proposed PES building design is being changed since receiving word of reduced funding limits. Will utilize existing wing in the hospital with a new addition. BLC cited SNAMHS one year ago for issues relating to smoke barriers. The hospital was built in 1987, and the violations are due to poor building. There are holes in the ceilings and floors in which smoke could filter to other parts of the hospital. They had received approval for a retrofit and began opening the ceilings. Upon opening the ceilings, it was discovered that the ducting was made of fiberglass, which represents a potential hazard. State Public Works Board (SPWB) was contacted for assistance to have studies done. The results came back within the allowable limits. However, as a result of opening the ceilings, in addition to fiberglass ducting, 20 different types of hazards have been identified. SNAMHS has taken a position with SPWB to get all it all fixed. They have been told by the contractor and SPWB that the repairs will require an extension to July (187 days) to get everything done.

NMHI

Dr. Harold Cook apologized for the glitch with the phone connection to the South. He reported that there was no Medical Director's report as Dr. Molde resigned after the last meeting. He stated the recruitment process was underway. Dr. Cook also reported he had just met with the Mojave administration to discuss how to prevent people getting lost between facilities. NMHI will provide clients with a tentative appointment at the institute. If the client doesn't make it to Mojave, they will have an appointment already scheduled at the institute. If the client does make it to Mojave, Mojave will call the institute and they will be taken off the list. Mojave has hired a nurse, and is in the process of securing a psychiatrist. Protocols and working relationships are being developed.

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Dr. Eric Albers asked Dr. Cook to comment on Dr. Molde's retirement, stating he had heard it was due to the issue of medications. Dr. Cook stated that SNAMHS medical budget was on track, however, NMHI's is struggling. The issue related to the newer drugs coming on line, which if added to the formulary, expenses will soar.

Dr. Brandenburg stated MHDS was not allowing new drugs on the formulary to be dispensed until we can get a hold on the budget. We will continue to prescribe those on the list, however, new ones will not be added at this time.

Mr. Ward asked about the status of the new protocols.

Dr. Brandenburg reported that shortly after Dr. Molde resigned, he met with Charlotte Crawford and it was decided to appoint a statewide psychiatric advisory committee. Since the Governor had just appointed Dr. Nora to the Commission, we approached her and Dr. Mason, head of Psychiatry for Montevista, to consider chairing the advisory committee to help with these issues. We asked for a list of names willing to serve on the committee, and then sent letters advising them of the first meeting to be held 11/29/00 in Las Vegas.

He further reported that he hoped to have a Divisionwide Medical Coordinator in January, who will also be involved in the committee. The balancing is very difficult. On one hand, we have limited resources, on the other hand, atypicals and SSRIs are standards. We are looking forward to input from Dr. Nora and the committee.

Dr. Albers asked if Mojave had a different formulary than MHDS. Dr. Brandenburg said no. Dr. Cook stated that with Mojave client, Medicaid would pay for their prescriptions, so if the client ends back in our system, we have the same formulary. Dr. Brandenburg reported that NMHI is prescribing at 80%, and are only budgeted for 60%. Dr. Cook stated they were working on a couple of things locally and will be training psychiatrists on the issue of prescribing practices.

Dr. Cook reported on the success of revamping the outpatient services wait time. The most recent efforts are in streamlining the paperwork process.

He also reported that NMHI would vacate Building 8 shortly. There are three out-of-state organizations interested in leasing the building, all serving adolescents. If one of these organizations leased the building, all of the Nevada adolescents placed out of state could return to Nevada to receive services. Dr. Cook has asked DCFS for feedback on each of the organizations.

Coordination continues with local ERs for transport of mental health clients.

Dr. Cook commended NMHI nurse, Susie Hunter. Over the past several months, she organized a mobile mammogram program for NMHI's clients. Our clientele is largely indigent and they do not access medical services as they should or could.

Governor Guinn has named the new hospital the Dini-Townsend Hospital.

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The PACT program is currently fully staffed. Do not have the full contingent of population as expected. Dr. Cook felt it was due to gearing up too quickly. They are bringing on clients more slowly and deliberately now and expect to fill to capacity of 72.

Discussion continued regarding Legal 2000 clientele. Difficulties are encountered when a client as medical problems that NMHI cannot deal with. IVs and catheters, high blood pressure, etc. cannot be accommodated at NMHI. If the medical problem can be treated immediately at ER, NMHI can then take them. If NMHI cannot treat them, alternative placement is sought.

Dr. Brandenburg stated the main concern is liability. If a client's illness is secondary to another illness, they can be medically and physically fragile, however, they do not meet the mentally ill criteria.

MOJAVE

Mr. Mike Howie discussed the new services being offered in North. He is looking forward to the new coordination of efforts.

LAKES CROSSING CENTER

Dr. Betsy Neighbors gave Overview of LCC's programs. She discussed coordination between LCC and Washoe County, whereby LCC is doing competency evaluations for them, in an attempt to help the community with shortening the stay in jails of individuals with mental health problems. The agreement in the Las Vegas Detention Facility is somewhat different; they contract with prison health services.

The new wing at LCC is now open, the 48 capacity census is holding steady between 40 - 45 clients. 2/3 of the clients are from Clark County, the remainder are from Washoe County and the rural areas.

Still experiencing staffing problems similar to the criminal justice system. Custody officer positions are difficult to fill. Continue to have an increasing problem with retention and recruitment. We did receive help recently in the Reno Gazette Journal, Career Section article. As a result of the article, we received 50 phone calls regarding the available positions.

Due to short staffing, training has been difficult. Recently coordinated with the prison and their prison staff to join them in their recertifications. LCC is not accredited. It is of concern in terms of being able to administer restraint practice under the 433 law. A QA review has been scheduled and Division has advised us as to where we should be in regards to training. LCC has appointed a training committee to help in this regard.

Dr. Albers asked what happened if an employee does not get recertified.

Dr. Brandenburg stated that if the training was offered to an employee, and the employee did not take it, the employee would not progress to the next step.

Dr. Albers also inquired about the 5% issue.

Dr. Neighbors responded that the Personnel Hearing decided to table the issue at this time. For the present, the hazard duty pay will be maintained for staff that are currently receiving it.

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Dr. Brandenburg stated the issue was not yet resolved to his satisfaction. In the very near future, he will attempt to take measures to resolve the 5% issue. It may affect professional staff, however, it will not affect the technical staff. Some employees have joined SNEA in preparation for this issue.

Dr. Neighbors stated that the issue regarding the wages paid by the County vs. the state was also involved as well.

She further stated the accreditation process was ongoing. She will be attending the National Forensic Directors Conference in Arizona, which should be very helpful.

Dr. Albers asked whether or not there were some hospitals going down the road of not wanting to be JCAHO accredited.

Dr. Brandenburg reported that some were going down that road, however, the benefits of being certified were that you meet national standards and would be eligible for the medical school residency program.

RURAL CLINICS

Dr. Larry Buel reported that Rural Clinics covers 96,000 acres in Nevada. He discussed census and total clientele.

A stakeholders group has been started in each of nine satellite areas to get input on what we should be doing.

He further reported that Rural Clinics has given two Governor's Proclamation, as well as some Exemplary Service Awards to outstanding employees. He felt administrators tended to spend a lot of time on disgruntled employees, and not enough on the good employees.

Regarding the suicide issue, Rural Clinics has agreed to allow Curene Watson, MH Counselor III in Battle Mountain, to offer services to the school. This is the beginning of the development of very impressive program and will try to pool division money to certify trainers. Rural Clinics will be working with Misty Allen, Suicide Hotline, to coordinate services for a collaborative effort. He will send her a staff roster each month and will also add her number to the off-hours recording.

MHDS ADIVSORY BOARD - SOUTH

Mr. Jeff Engelke reported two advocate vacancies on the advisory board. He stated the advisory board would be focusing on the following over the next several months; 1) Lack of individuals in our service system as compared to other states by population' 2) Waiting lists; and 3) Death penalty as it relates to individuals with mental retardation.

Mr. Ward asked the purpose of the advisory boards and how public input was obtained.

Mr. Engelke stated all meetings were posted and open to the public. He reported that public comments were adhered to. Members of the advisory board also bring back any issues they may encounter during their daily lives to the board for discussion.

Dr. Albers stated that the Commission was willing to offer their support and asked Mr. Engelke to provide the Commissioners with meeting notices.

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MHDS ADVISORY BOARD - NORTH

No report.

NEVADA DISABILTY AND ADVOCACY LAW CENTER

No Report.

REPORT FROM MHDS COMMISSIONERS/ROUND TABLE REPORT

Ms. Fran Brown expressed her gratitude for the Commissioners vote of confidence in her ability to chair The Commission. She stated she would endeavor to keep the meetings efficient and timely, and that she was always open to suggestions.

She reviewed the subcommittees and assigned the new Commissioners:

Legislative Subcommittee – David Ward, Chair

Eric Albers John Brailsford

Clinical Subcommittee – Fran Brown

Eric Albers John Brailsford Rena Nora

Consumer Subcommittee – David Ward

Elizabeth Richitt

Vacant Commissioner Position

David Ward reported on the Legislative Subcommittee, reviewing the draft resolution regarding the Olmstead Decision. He stated the draft resolution was intended to provide encouragement to find a solution to what the Commission feels is required by the Olmstead Decision.

Dr. Brandenburg reminded the Commission that the executive branch and Charlotte Crawford are taking the position that a specific plan created to move people into the community under the Olmstead Decision is not necessary, because it has been incorporated into the budgetary process. He asked them to consider the resolution in terms of political niceties. He recommended a meeting with Charlotte Crawford and Jonathan Andrews prior to taking a counter position. He offered to schedule a meeting with DHR.

Dr. Albers stated the Commission looked forward to that kind of meeting.

Dr. Albers thanked Steve Shaw for the in-depth presentation on DCFS.

Dr. Albers spoke of the huge responsibilities of the Commission and the need to prioritize. He suggested a working meeting prior to the Legislature. The meeting was scheduled for January 18, 9:00 AM – 5:00 PM at SNAMHS, 6161 W. Charleston in Las Vegas.

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ACTION: Ms. Brown and Mr. Albers will develop and agenda for the 1/18/01 meeting and send it to lke for distribution.

ACTION: Will move Public Comment to an earlier portion of the agenda.

ACTION: A uniform criteria should be created for the agency director's status reports. The reports should be included in the packet in advance of the meetings, along with additional critical information. This would enable the Commission to be prepared with questions. The agency directors would be allowed the opportunity to bring up new issues during the Commission meeting.

Dr. Nora stated she was encouraged with first day on the Commission, however she was suffering from information overload.

Dr. Richitt expressed her feelings of being overloaded as well. She stated her appreciation for the planned working meeting.

Grants/Grant Writer:

Dr. Ward was impressed while listening to Steve Shaw relate how much money DCFS got through their recruitment of a grant writer. He felt that in order for the Commission to obtain a grant writer, it must be built into the budget. He asked whether or not that had been done.

Dr. Brandenburg stated the Governor had flat lined the budget.

Mr. Ward suggested that the Commission propose legislation for a grant writer. Even if it took three years to get it budgeted, if we received \$6M, it would pay for itself. Dr. Albers related that the school districts have hired multiple grant writers. It was decided this issue would be further discussed at the January 18 meeting.

Ms. Brown stated that a report was due to the Governor at the first of the year. She also stated that the Commission has not reported to the Legislature since its inception, or to the Governor in the past two years. Dr. Brandenburg reminded the Commissioners that he provided previous Commission's reports to them.

Dr. Albers stated he also served on commissions that do report to the Legislature and the Governor. He recommends the Commission develop something that can be presented to both the Governor and the Legislature. This issue will also be included on the January 18 meeting agenda.

Respectfully submitted.

Ike Cress Recording Secretary